

No. 2  
2-45  
17-39  
X47070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 895  
Registrar's No. 10

FILED JAN 23 1947

Registration District No. 27 Primary Registration District No. 3023

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 52 years, months or days (Specify whether \_\_\_\_\_)

3. (a) PRINT FULL NAME George M. Julian

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W

6. (a) Single, widowed, married 1 divorced married

6. (b) Name of husband or wife Annie Lee 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased 4 4 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

82 9 9 hr. min.

9. Birthplace Pettis Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Livery Business

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James F. Julian

{ 13. Birthplace Nashville Tenn.  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Rebecca Judy

{ 15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Johannie Julian  
(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 1-14-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director [Signature]  
(b) Address Clinton Mo.

19. (a) 1-14-47 (b) B. R. Kenney  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry <sup>42</sup>

(c) City or town Clinton <sup>2</sup>  
(If outside city or town limits, write "RURAL.")

(d) Street No. 2 1/2 W. 1st St.  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 13  
year 1947 hour 3:45 minute 0 P.M.

21. I hereby certify that I attended the deceased from Jan 1, 1947, to Jan 17, 1947, that I last saw him alive on Jan 17, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death not known  
was suffering from  
Chronic myocarditis  
Due to last injury seen in

Duration

1 yr.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations 990

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature [Signature] (M. D. or other) MD  
Address Clinton Mo. Date signed 1-14-47

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

120

LA-121  
068-57-81  
1/20

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Fred W. Wilkerson, Registered Apprentice No. 434  
working under my personal supervision.

Signed: Fred W. Wilkerson  
Licensed Embalmer No. 2478  
P. O. Address Clinton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.